The New Hork Eimes auto sey-experimentation

TIMES SQUARE NEW YORK NY 10036

Dr. Joshua Lederberg Stanford University of Medicine Department of Genetics Stanford, California 94305 U.S.A.

Dear Dr. Lederberg.

Thank you for your letter of April 4, which was forwarded to me here in Stockholm ahead of a copy of "Hippocrates Revisited."

As I am spending some time working at one of the hospitals of the Karolinska Institute and studying the Swedish medical system, I do not have with me the table I have prepared of the auto-experiments. In that collection of 100-odd auto-experiments are those of J. B. S. Haldane and his father J. S. Haldane. (I thought I mentioned them as a father-son team in the chapter).

Your comments interest me because I am trying to expand the material into a book based not only on the material in the scientific literature

into a book based not only on the material in the scientific literature but also on interviews with as many of the living auto-experimenters that \( \mathcal{C} \) I can meet. My aim is to probe into the reasons why the experimenter chose to experiment on himself. I have concentrated on the living auto-experimenter because the scientific and biographical material contain too little information to answer such questions as why did John Hunter give himself, not a patient, venereal disease? Though interviewing after the fact has certain obvious limitations, it is still the best available way to get the factors underlying the decision to auto-experiment.

Whenever possible, should not a researcher experiment on himself before doing so on others? The experimenter, because of his scientific training, should have a better appreciation of the complexities and risks of his research - more so than can be given the best informed lay volunteer. Just because a researcher auto-experiments, however, does not necessarily grant him the right to impose his will on someone else. Naturally that act requires proper informed consent. I would want to know why a researcher had not experiment on himself if he asked me to volunteer for his experiment.

## The New York Times

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From my readings and the interviews, I do not find that "glory" is a common trait among auto-experimenters. Though many people know about a few "heroic" experimenters like Walter Reed, most do not know how prevalent is the auto-experimental methodology. Many scientists seem unaware of how many experiments in their own field were done by the researcher on himself. Further, what doctors know about the "heroic" self-experiments is wrong.

The Walter Reed Society, a group of auto-experimenters, is named for the scientist who is most frequently mentioned as a "heroic" auto-experimenter. Yet I can find no evidence that Reed experimented on himself. Though Reed said he was willing to experiment on himself, he returned to Washington while his three fellow commission members conducted the experiments in Cuba. Death came to a members of this commission, but ironically no one remembers with names. ( Laze M. Laze M.

My experience suggests that auto-experimenters do take appropriate care of themselves during the course of self experimentation. Unfortunately, experiences during my medical training force me to believe that many clinical investigators do not take the same attitude when conducting research on others. I can recall situations where those on the academic ladder above me clearly said they would never allow anyone to perform on them the experiments they were doing on volunteers or patients. In all too many of the bull sessions, my colleagues frankly stated that their lives were more valuable than any volunteers and that the pressures to publish papers necessitated a callous attitude toward choice of volunteers.

That attitude has not convinced me that researchers, whom I consider men in publicly sanctioned roles, are likely to be even more meticulous about the lives of others than with their own.

On the other hand, I do not mean to imply in the above that these researchers were careless or did poor quality or unethical research. That was not the case. They took good care of their patients and with their research. But they were not more meticulous with the care of others than they were of themselves.

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No simple solution; exist to complex problems like human experimentation. There is a hazard in making rigid rules for any situation. But to the extent that the Wellsian paradigm makes the experimenter at least think before experimenting on someone else, then might not it help improve the ethical and technical qualities of the research?

I hope we have a chance to meet other than through the printed word and I would be delighted to have the opportunity to discuss the subject with you at length whenever mutual schedules permit.

With much appreciation for your interest

Sincerely,

Lawrence K Oltman

Lawrence K. Altman M.D.